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A. RAMSEY SEP 23 2022 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 959975 8390430				
AUTHORIZATION: Spellelle son				
COST LIMIT : \$ 35.00				
ORDER DATE : September 16, 2022				
ORDER TIME : 9:30 AM				
ORDER NO. : 959975-151				
CUSTOMER NO: 8390430				
CHANGE OF AGENT				
NAME: HC2 BROADCASTING HOLDINGS INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized	507.1508, or 617.1508, Florida : A under the laws of the State of	Statutes, this Delaware		
in orde	er to change its registered office or registered	d agent, or both, in the State of I	Florida.		
1. The name of t	the corporation: HC2 BROADCASTING HC	OLDINGS INC.			
2. The principal	office address: 295 Madison Avenue, 12th	Floor, New York, NY 10017	<u></u>		
	, <u>——</u> .				
	poration/qualification: 12/21/2017				
The name and Florida Depar	d street address of the current registered ager rtment of State: (If resigned, enter resigned)	nt and registered office on file w			
	United Agent Group Inc.		202		
	801 US Highway 1		2022 SEP		
	North Palm Beach, FL 33408		22		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	fice 7 9.2		
	Corporation Service Company		_		
	1201 Hays Street				
P.O. Box NOT acceptable					
	Tallahassee	FL 32301	-		
The street address changed will	ess of its registered office and the street add I be identical.	dress of the business office of i	ts registered agent,		
	as authorized by resolution duly adopted by he board, or the corporation has been notifi				
Xi	re E agnie	Jill Cilmi, Vice President			
	ure of an officer or director	Printed or typed name and t			
of my duties, an document is bei corporation has	t the appointment as registered agent and a to comply with the provisions of all statute. nd I am familiar with and accept the obliga ing filed merely to reflect a change in the re is been notified in writing of this change. In Service Company	gree to act in this capacity. s relative to the proper and con tion of my position as registere egistered office address, I here	nplete performance ad agent. Or, if this by confirm that the		
By:		09/16/2022			
Sig	gnature of Registered Agent	Date			
If signing on be	ehalf of an entity:				
	r, Asst. Vice President				
Т	Typed or Printed Name * * * FILING FEE:	635 NO * * *			
	~ ~ ~ PILING PEE:	ゆうつ・00			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)